



# TOWN OF ARLINGTON

DEPARTMENT OF PLANNING and  
COMMUNITY DEVELOPMENT

TOWN HALL, 730 MASSACHUSETTS AVENUE  
ARLINGTON, MASSACHUSETTS 02476  
TELEPHONE 781-316-3090

## Arlington COVID-19 Business Resiliency Program Application Form

### Applicant Information

Business Name/DBA: \_\_\_\_\_ Application Date: \_\_\_\_\_

Business Address: \_\_\_\_\_  
*Street Address (must have a physical location in Arlington) Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Applicant Name: \_\_\_\_\_  
*Last First*

Applicant Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Business Phone: \_\_\_\_\_ Business Website: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Information

Business Structure: Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Other: ☐ \_\_\_\_\_

Business Type: Personal Services ☐ Retail ☐ Professional Services ☐ Food/Restaurant ☐ Other: ☐ \_\_\_\_\_

Do you have a DUNS Number:  
(if grant is awarded, the business  
**MUST** obtain a DUNS number as it is  
required for federal assistance) YES ☐ # \_\_\_\_\_  
NO ☐

Is your business: ☐ Minority-owned  
☐ Women-owned  
☐ Veteran-owned  
☐ LGBTQ-owned  
Number of  
Years in  
Business: \_\_\_\_\_

Business Tenancy: Do you own the space occupied by the business? YES ☐ NO ☐  
Do you rent the space occupied by the business? If yes, attach copy of the lease. YES ☐ NO ☐

Monthly Rent/Mortgage: \$ \_\_\_\_\_ Square Footage: \_\_\_\_\_ Lease Expiration: (if applicable) \_\_\_\_\_

Business Ownership: Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Percentage Ownership \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional pages as necessary to explain the full picture of your business's ownership.

### Arlington COVID-19 Business Resiliency Program

The Arlington COVID-19 Business Resiliency Program offers financial assistance via a working capital grant and technical assistance. Please identify the program you are applying for:

#### Working Capital Assistance:

- ☐ Financial assistance to private, for-profit businesses. Please identify whether you plan to retain jobs or create jobs:

☐ **Job Retention:** Financial assistance to private, for-profit businesses. The business will **retain** at least one permanent job, (computed on a full-time-equivalent basis). If the business furloughed employees and plans to keep all or some of those employees on the payroll, count that as job retention. There must be sufficient evidence that the job(s) would have been lost without the CDBG assistance.

☐ **Job Creation:** Financial assistance to private, for-profit businesses. The business will **create** at least one permanent job(s), (computed on a full-time-equivalent basis). If the business laid off employees and plans to rehire all or some of those employees, count that as job creation.

#### Technical Assistance:

- ☐ This activity involves technical assistance and training provided by a consultant directly to businesses to equip businesses in sustaining services and operations. Please select the area(s) of technical assistance you are in need of:

☐ Website Development

☐ E-Commerce/Live Commerce

☐ Search Engine Optimization

☐ Bookkeeping/Accounting

☐ Digital/Traditional Marketing

☐ Other: \_\_\_\_\_

### Employee Information

Number of Full-Time Employees  
**prior to 3/1/20** \_\_\_\_\_

Number of Full-Time Employees  
**as of date of application** \_\_\_\_\_

Number of Part-Time Employees  
**prior to 3/1/20:** \_\_\_\_\_

Number of Part-Time Employees  
**as of date of application:** \_\_\_\_\_

Total Number of FTE Employees  
**prior to 3/1/20:** \_\_\_\_\_

Total Number of FTE Employees  
**as of date of application:** \_\_\_\_\_

*The numbers in the last row should be calculated on a full-time equivalent basis (avg. # hrs per week/30 - e.g. two 15-hour part-time jobs = 1 full-time equivalent (FTE) job).*

How many permanent jobs are projected to be retained or created **as a result of the working capital assistance or technical assistance?**

Number of FTE Jobs **to be Retained:** \_\_\_\_\_

Number of FTE Jobs **to be Created:** \_\_\_\_\_

### Revenue Information

Average Monthly Revenue  
**prior to 3/1/20** \$ \_\_\_\_\_

Average Monthly Revenue  
**as of date of application:** \$ \_\_\_\_\_

Operations:

Is the business still open?

YES

NO

☐☐

Detail how the business's operations have been affected by COVID-19, including payroll hardships and/or layoffs and well as revenue loss. Please attach supporting documentation that details the financial hardships due to the pandemic.

Recovery Plan: Specify the business's strategy to recover from this crisis and regain financial vitality.

Community Impact: Describe the economic and/or community benefits your business creates for the Town of Arlington and its residents.

### Assistance Request

Proposed Use of  
Grant Funds:

Describe how the Arlington COVID-19 Business Resiliency Program will be used to help your business to operate as well as retain or create jobs during this challenging time. Please list specific uses for the working capital assistance and technical assistance.

Please list the proposed uses of working capital assistance below. The business does not need to request funds in all categories.

Use of Grant Funds	Dollar Amount	Backup Documentation to be provided
Rent or Commercial Mortgage	\$	
Employee Wages	\$	
Utilities	\$	
Inventory Loss	\$	
Insurance	\$	
Other:	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Grant Request</b>	<b>\$</b>	

Arlington COVID-19 Business Resiliency Program  
Application Form

Other Resources: This program is targeted toward smaller businesses that may have limited access to capital, and is not intended to compete with other financial resources. Has the business and/or the owner applied/been denied/or has plans to apply for any other COVID-19 financial assistance programs (SBA Economic Injury Disaster Loan, SBA Payroll Protection Program, Massachusetts Small Business Recovery Loan Fund, Massachusetts Growth Capital Small Business Grant, bank loans, other Town of Arlington programs, etc.)?

If yes, please list the financial resources/programs the business has accessed/ tried to access and explain the status of the applications.

YES

NO

☐☐

Additional  
Information:

Please use this space to provide any additional information about your request that would be helpful for the Review Committee to know when making a decision.

### Attestations, Attachments & Signatures

- I confirm that my business is located within the Town of Arlington and the business maintains all proper licenses and permits for operation.
- I certify that my revenue has declined as a result of COVID-19 since March 1, 2020.
- I agree to submit a final report no later than 12/31/21 that documents the economic impact of the assistance on the business, actual use of funds, jobs retained/created, and revenue changes.
- If I am awarded financial assistance, I understand that 10% of the grant will be retained until the submission and acceptance of all required paperwork.
- Pursuant to Massachusetts General Law, Chapter 62C, Section 49A(b), I confirm that I have complied with all laws of the Commonwealth of Massachusetts and the Town of Arlington and I am current with all local, state, and federal taxes.
- I certify that I am authorized to submit this application and execute an agreement on behalf of the business entity listed.
- I understand that I must submit documentation for job creation or job retention no later than December 31, 2021.
- I certify that submitting this application in accordance with the below instructions constitutes an electronic signature.

#### Conflict of Interest

State if you and/or your business have a potential conflict of interest with the Town of Arlington and its programs. If the answer is yes to any of the following conditions, please explain in the Disclosures section below.

Note: having information to disclose does not automatically preclude program eligibility.

- I/my company has NOT had any business dealings with the Town of Arlington in the past 2 years.
- No immediate family member of mine works/has worked for the Town of Arlington in a regular ongoing employee/employer relationship during the past two years.
- I am NOT related to any elected or appointed members of the Town of Arlington government, its boards and/or commissions.

☐ I/My Business has  
No Conflict of Interest

☐ Conflict of Interest  
Disclosures:

#### SUBMISSIONS DUE AT TIME OF APPLICATION:

- ☐ Completed IRS W-9 Form (available at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- ☐ 2019 Business Tax Return
- ☐ Documentation of COVID-19-related hardship (loss of revenue - 2 P&L statements or equivalent for comparison)
- ☐ Financial Documentation for use of financial assistance (lease/mortgage statement, utilities, other payables)
- ☐ MA-WR1 Form for periods ending 12/31/19 and 3/31/20
- ☐ Payroll Records to document current number of employees (one week in Jan/Feb 2020 & one week in Nov/Dec 2020)

I/we certify that this information is complete and accurate. Upon request, I/we agree to provide additional documentation to the HUD Grantee/Program Administrator.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SUBMISSION INSTRUCTIONS:

Due to the COVID-19 State of Emergency, completed application forms and all attachments should be sent via email to [mjsullivan@town.arlington.ma.us](mailto:mjsullivan@town.arlington.ma.us) or mailed to Mallory Sullivan, 730 Massachusetts Avenue, Arlington, MA 02476. Please reach out if you have questions about the application requirements or have any issues submitting any of the required documents. Questions should be directed to Mallory Sullivan at [mjsullivan@town.arlington.ma.us](mailto:mjsullivan@town.arlington.ma.us) or at 781-316-3090.

The Town of Arlington does not discriminate in its programs on the basis of race, color, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. People with disabilities are entitled to request a reasonable accommodation of rules, policies, practices or services. Requests, including requests for a translated application form, may be made by contacting the Arlington Department of Planning and Community Development at 781-316-3090. Any requests do not impact your eligibility.